

KY OFFICE OF HOUSING, BLDGS & CONSTRUCTION  
ELEVATOR SECTION  
101 SEA HERO RD SUITE 100  
FORT, KY 40601-5405  
PHONE #502-573-0364 FAX # 502-573-1004

APPLICATION FOR INSTALLATION OF:  
ELEVATORS, ESCALATORS, DUMBWAITERS, MOVING WALKS, MANLIFTS, PLATFORM LIFTS, STAIRWAY CHAIRLIFTS,  
VERTICAL CONVEYORS, WHEELCHAIR LIFTS

CERTIFICATE NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_ B.A.#: \_\_\_\_\_  
APPLICATION IS HEREBY MADE TO THE DIVISION OF ELEVATOR INSPECTIONS FOR THE INSTALLATION OF ONE UNIT AS LISTED BELOW.

A.S.M.E. A17.1

☐ ELECTRIC ELEVATOR  
☐ FREIGHT ☐ PASSENGER

☐ HYDRAULIC ELEVATOR  
☐ FREIGHT ☐ PASSENGER

☐ HAND ELEVATOR

☐ INCLINED ELEVATOR

☐ LIMITED USE/LIMITED ACCESS  
APPLICATION ELEVATOR

☐ PRIVATE RESIDENCE ELEVATOR

A.S.M.E. B 20.1 ☐ VERTICAL RECIPROCATING

☐ SCREW COLUMN ELEVATOR

☐ SIDEWALK ELEVATOR

☐ SPECIAL PURPOSE PERSONNEL ELEVATOR

☐ ESCALATOR

☐ MOVING WALK

☐ POWER DUMBWAITER

☐ MATERIAL LIFT WITH TRANSFER DEVICE  
CONVEYOR

☐ PRIVATE RESIDENCE LIFT

☐ INCLINED PLATFORM LIFT

☐ INCLINED WHEELCHAIR LIFT

☐ STAIRWAY CHAIRLIFT

☐ VERTICAL WHEELCHAIR LIFT

☐ NON-PRIVATE RESIDENCE-ICE LIFT

☐ INCLINED PLATFORM LIFT

☐ INCLINED WHEELCHAIR LIFT

☐ STAIRWAY CHAIRLIFT

☐ VERTICAL WHEELCHAIR LIFT

☐ RACK AND PINION ELEVATOR

SPEED PER MINUTE: \_\_\_\_\_ FPM.

CAPACITY: \_\_\_\_\_ LBS.

NUMBER OF FEET UNIT TRAVELS: \_\_\_\_\_ Ft.

**DRIVE OR SUSPENSION MEANS**

☐ TRACTION  
☐ DIRECT-PLUNGERHYDRAULIC  
☐ WINDING DRUM  
☐ CHAIN & SPROCKET

☐ ROPED HYDRAULIC  
☐ GEARED  
☐ LEVER HYDRAULIC  
☐ SCREW COLUMN

☐ RACK & PINION  
☐ ROPE-SPROCKET  
☐ COUPLING  
☐ OTHER

NUMBER OF FLOORS UNIT TRAVELS \_\_\_\_\_

NUMBER OF OPENINGS? FRONT \_\_\_\_\_ REAR \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

HORSEPOWER OF MOTOR \_\_\_\_\_

CHECK NUMBER OF APPLICATION PAYMENT \_\_\_\_\_

APPLICATION PAYMENT TOTAL \$ \_\_\_\_\_

FEE SCHEDULED FOR PERMIT APPLICATION(S)

NOTE: THIS FEE SCHEDULE APPLIES TO EACH INSPECTION PERFORMED UNTIL  
UNIT HAS MET ALL CODE REQUIREMENTS AND HAS BEEN RELEASED WITH NO  
VIOLATIONS.

0-5 HORSEPOWER - \$75.00

6-10 HORSEPOWER - \$85.00

11 HORSEPOWER AND UP - \$85.00 (PLUS \$ 10.00 FOR EACH HORSEPOWER OVER 10 HORSEPOWER)

**COMPLETE ALL INFORMATION:**

UNIT IS LOCATED IN? CITY OF LOUISVILLE ☐ YES ☐ NO | UNIT IS STATE OWNED? ☐ YES ☐ NO | COUNTY UNIT IS IN: \_\_\_\_\_

OCCUPANT \_\_\_\_\_ ELEVATOR COMPANY \_\_\_\_\_

OWNER \_\_\_\_\_

REQUESTED BY \_\_\_\_\_

STATE CODE OFFICIAL APPROVING APPLICATION \_\_\_\_\_

DATE:        /        /

NOTE: ALL APPLICATIONS SHALL BE IN DUPLICATE, COVERING ONE DEVICE ONLY, AND SHALL BE ACCOMPANIED BY PLANS AND SPECIFICATIONS IN DUPLICATE. PAYMENT IN CHECK OR MONEY ORDER SHALL ACCOMPANY APPLICATIONS. APPROVAL IS BASED UPON COMPLIANCE WITH ALL APPLICABLE CODES OR STANDARDS EFFECTIVE IN THE STATE.

**LIST ALL CONTRACTORS ON THE BACK OF THE APPLICATION**

**GENERAL CONTRACTOR :**

Name:  
Address:  
Phone:  
Job Site Phone:

**FIRE ALARM SYSTEM CONTRACTOR :**

Name:  
Address:  
Phone:  
Job Site Phone:

**ELECTRICAL CONTRACTOR:**

Name:  
Address:  
Phone:  
Job Site Phone: